



**COPY**

**Supplemental Application Data Sheet**

**Application Information**

Application number:: 10/001,221  
Filing Date:: 10/30/01  
Application Type:: Regular  
Subject Matter:: Utility  
Title:: ~~METHODS AND COMPOSITIONS FOR~~  
~~INDUCING AN IMMUNE RESPONSE~~  
Attorney Docket Number:: 019934-004100US  
Request for Early Publication:: No  
Request for Non-Publication:: No  
Small Entity?:: Yes  
Petition included?:: No  
Secrecy Order in Parent Appl.: No

**Applicant No. 1 Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Thomas  
Middle Name:: J.  
Family Name:: Schall  
City of Residence:: ~~Menlo Park~~ Palo Alto  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: ~~2050 Mill Avenue~~ 563 Homer Avenue  
City of Mailing Address:: ~~Menlo Park~~ Palo Alto  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94025 94301

### **Applicant No. 2 Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Australia  
Status:: Full Capacity  
Given Name:: Maureen  
Family Name:: Howard  
City of Residence:: Los Altos  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 12700 Viscaino Road  
City of Mailing Address:: Los Altos  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94022

### **Applicant No. 3 Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Robert  
Family Name:: Berkovitz  
City of Residence:: San Francisco  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 32 Dorland Street, #2  
City of Mailing Address:: San Francisco  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94110

**Applicant No. 4 Information**

Applicant Authority Type::	Inventor	
Primary Citizenship Country::	Canada	
Status::	Full Capacity	
Given Name::	Brett	
Family Name::	Premack	
City of Residence::	<del>San Carlos</del>	<u>San Francisco</u>
State or Province of Residence::	CA	
Country of Residence::	US	
Street of Mailing Address::	<del>409 Portofino Drive, Apt. 2</del>	<u>155 Jackson, #2008</u>
City of Mailing Address::	<del>San Carlos</del>	<u>San Francisco</u>
State or Province of mailing address::	CA	
Country of mailing address::	US	
Postal or Zip Code of mailing address::	<del>94070</del>	94111

**Applicant No. 5 Information**

Applicant Authority Type::	Inventor	
Primary Citizenship Country::	Canada	
Status::	Full Capacity	
Given Name::	Dale	
Family Name::	Talbot	
City of Residence::	San Francisco	
State or Province of Residence::	CA	
Country of Residence::	US	
Street of Mailing Address::	67 Brentwood Avenue	
City of Mailing Address::	San Francisco	
State or Province of mailing address::	CA	
Country of mailing address::	US	
Postal or Zip Code of mailing address::	<del>94025</del>	94127

**Correspondence Information**

Correspondence Customer Number:: 20350

**Representative Information**

Representative Customer Number:: 20350

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
<u>This application</u>	<u>Continuation-in-part</u>	<u>09/834,814</u>	<u>04/12/2001</u>
<u>This application</u>	<u>Continuation-in-part</u>	<u>PCT/US01/12162</u>	<u>04/12/2001</u>
<u>09/834,814</u>	<u>An application claiming</u>	<u>60/198,839</u>	<u>04/21/2000</u>
<u>PCT/US01/12162</u>	<u>the benefit under 35</u>		
	<u>USC 119(e)</u>		

**Assignee Information**

Assignee Name:: ChemoCentryx  
Street of mailing address:: 1539 Industrial Road  
City of mailing address:: San Carlos  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94070